

Substitute for form 1449/PTO (Revised 07/2007)		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Application Number	10/684,893
		Filing Date	October 14, 2003
		First Named Inventor	J. Milton Harris
		Art Unit	1616
		Examiner Name	Abigail Fisher
Sheet	1	of	1
		Attorney Docket Number	044646/262893

U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.	Document Number Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.	Foreign Patent Document Country Code - Number Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	English Language Translation Attached
	50	WO 94/03155	02-17-1994	The General Hospital Corporation		
	51	WO 97/22371	06-26-1997	Collagen Corporation		

OTHER DOCUMENTS			
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s) , volume-issue number(s), publisher, city and/or country where published.	English Language Translation Attached

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /A.F./

Examiner Signature	/Abigail Fisher/	Date Considered	01/11/2010
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